

LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 6298	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name Gary D Walker P.O. Box, Bldg., Room No., if any #204 Street 1211 Cushman St City Fairbanks State AK ZIP Code + 4 99701-4680	4. Name, file number, and address of labor organization. Name Hotel Employees Restaurant Employees Local 878 Labor Organization File Number 001-758 P.O. Box, Building and Room Number, if any PO Box 100564 Street City Anchorage State AK ZIP Code + 4 99510-0564
5. Position in labor organization. Business Representative	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. Ø

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Gary D Walker

On

8/15/05
Date

907-452-2332
Telephone Number

Name of Person Filing Gary D Walker		File Number U-
<p>B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.</p>		
<p>8. Name and address of Business (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>	
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name AK Hotel & Restaurant Emps Pension Trust</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any PO Box 93870</p> <p>Street</p> <p>City Anchorage</p> <p>State AK ZIP Code + 4 99509-3870</p>	<p>11.a. Nature of such dealing.</p> <p>11.b. Approximate dollar value of such dealing. Unknown</p> <p>12.a. Nature of interest held or income received.</p> <p>Reimbursement of Trustee expenses \$ 4731</p> <p>"Indirectly paid" Trust meeting expenses 57</p> <p>12.b. Amount. \$ 4788</p>	

Gary D. Walker, December 31, 2004
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B. 10

Ak. Hotel, Restaurant and Camp Employees Health and Welfare Trust
PO Box 93870
Anchorage, AK 99509-3870

12.a.

Reimbursement of trustee expenses.

12.c. \$790.00